Case 16-82624 Doc 1 Filed 11/09/16 Entered 11/09/16 10:14:55 Desc Main Document Page 1 of 59

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | rt 1: Identify Yourself | | | |
|-----|--|---|-------------------------------------|------------------|
| | | About Debtor 1: | About Debtor 2 (Spouse Only i | n a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Jolene First name C. Middle name | First name Middle name | |
| | Bring your picture identification to your meeting with the trustee. | Bair Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, | III) |
| 2. | All other names you hav | е | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6830 | | |

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Case number (if known)

Debtor 1 Jolene C. Bair

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 164 Homewood Drive Genoa, IL 60135 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | DeKalb | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Document Case number (if known) Debtor 1 Jolene C. Bair

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
|-----|---|---|----------------------------------|---|---|--|-------------|--|
| | choosing to file under | Chapter 7 | | | | | | |
| | | □с | hapter 11 | | | | | |
| | | □с | hapter 12 | | | | | |
| | | □с | hapter 13 | | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Ty _l attorney is sub | pically, if you are paying the fee yo | k with the clerk's office in your local court for more urself, you may pay with cash, cashier's check, or alf, your attorney may pay with a credit card or che | r money | |
| | | | | | stallments. If you choose this option to (Official Form 103A). | n, sign and attach the Application for Individuals | to Pay | |
| | | | but is not req applies to you | uired to, waive ur family size a | your fee, and may do so only if yo nd you are unable to pay the fee ir | n only if you are filing for Chapter 7. By law, a judg ur income is less than 150% of the official poverty i installments). If you choose this option, you mus ial Form 103B) and file it with your petition. | / line that | |
| | | | | | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No | | | | | | |
| | , | \ | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Y€ | es. | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your residence? | | | | | | | |
| | residence. | ■ Ye | es. Has yo | ur landlord obt | ained an eviction judgment agains | t you and do you want to stay in your residence? | | |
| | | | | No. Go to line | 12. | | | |
| | | | | V - - - - - - - - - | *** 10 | Judgment Against You (Form 101A) and file it with | - 4l-!- | |

Case 16-82624 Doc 1 Filed 11/09/16 Entered 11/09/16 10:14:55 Desc Main Document Page 4 of 59 Case number (if known) Debtor 1 Jolene C. Bair Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. | |
|------|--|
| | |
| | |

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Jolene C. Bair Document Page 5 of 59

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

|)eb | tor 1 | Case 16-8 Jolene C. Bair | 32624 | Doc 1 | Filed 11/09/16 Document | Entered 11/09/16 2 Page 6 of 59 | 10:14:55 umber (if known) | Desc Main |
|-----|--|--|--|--|--|---|---|---|
| art | 6: | Answer These Questi | ons for R | eporting Pu | rposes | | | |
| | What | t kind of debts do have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurr individual primarily for a personal, family, or household purpose." No. Go to line 16b. Yes. Go to line 17. | | | | |
| | | | 16b. | | a business or investment to line 16c. | debts? Business debts are dor through the operation of the | | |
| | | | 16c. | | | are not consumer debts or bu | siness debts | |
| 7. | | ou filing under | □ No. | I am not filir | ng under Chapter 7. Go to | o line 18. | | |
| | after prope admi are p be av distri | ou estimate that any exempt erty is excluded and inistrative expenses vaid that funds will vailable for ibution to unsecured itors? | ■ Yes. | | | estimate that after any exempt to distribute to unsecured cred | | cluded and administrative expenses |
| 8. | | many Creditors do estimate that you? | ■ 1-49 □ 50-99 □ 100-1 □ 200-9 | 99 | I | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | □ 5 | 25,001-50,000 0,001-100,000 More than100,000 |
| 9. | estin | much do you nate your assets to orth? | □ \$100, | 550,000 001 - \$100,00 ,001 - \$500,0 ,001 - \$1 milli | 00 000 I | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior | □ \$ □ \$ | 5500,000,001 - \$1 billion 51,000,000,001 - \$10 billion 510,000,000,001 - \$50 billion More than \$50 billion |
| 0. | | much do you nate your liabilities ? | = \$100, | 650,000 001 - \$100,00 ,001 - \$500,0 ,001 - \$1 milli | 00 I | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 millior | | 5500,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$50 billion More than \$50 billion |
| art | 7: | Sign Below | | | | | | |
| or | you | | If I have United S If no atto documer I request I underst bankrupt and 357 | chosen to file states Code. I orney represe nt, I have obta t relief in acco tand making a tcy case can 1. ne C. Bair | e under Chapter 7, I am a understand the relief ava ents me and I did not pay ained and read the notice ordance with the chapter | or agree to pay someone who required by 11 U.S.C. § 342(b) of title 11, United States Code | gible, under Chad I choose to proise not an attorn b). s, specified in this ney or property to 20 years, or both the content of the content | apter 7, 11,12, or 13 of title 11, roceed under Chapter 7. eey to help me fill out this is petition. |
| | | | | e of Debtor 1 | | Signature of L | TODIOI Z | |

Executed on

MM / DD / YYYY

Executed on November 8, 2016 MM / DD / YYYY

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Debtor 1 Jolene C. Bair Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Jeffry A Signature of | Dahlberg Attorney for Debtor | Date | November 8, 2016 MM / DD / YYYY | | | | |
|------------------------------|------------------------------|---------------|------------------------------------|--|--|--|--|
| Jeffry A Da | • | | | | | | |
| Balsley & D | Balsley & Dahlberg Firm name | | | | | | |
| Loves Park | | | | | | | |
| , | City, State & ZIP Code | | | | | | |
| Contact phone | (815) 877-2593 | Email address | www.balsleylawoffice.com | | | | |
| 6206776 | ate | | <u></u> | | | | |

| | | DOCUM | <u>eni Pade 8 or</u> : | <u> </u> | |
|---------------------|--------------------------|-------------------|------------------------|----------|------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Jolene C. Bair | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number _ | | | | | |
| (if known) | | | | | Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | assets of what you own |
|------------|--|-------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 15,361.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 15,361.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 9,612.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 208,030.19 |
| | Your total liabilities | \$ | 217,642.19 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,385.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,348.00 |
| ⊃ar | 4: Answer These Questions for Administrative and Statistical Records | | |
| S . | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sc | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your dahts are primarily consumer dahts. Consumer dahts are those "incurred by an individual primarily for | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Page 9 of 59 Case number (if known) Debtor 1 Jolene C. Bair

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

5,127.33 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | m |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | | Document | Page 10 of 59 | | |
|--------------------------------|------------------------|--|---|-------------------------------|-----------------------------|---|
| Fill in | this info | rmation to identify you | r case and this filing: | | | |
| Debto | r 1 | Jolene C. Bair | | | | |
| | | First Name | Middle Name | Last Name | | |
| Debto | | First Name | Middle Name | Last Name | | |
| (Spouse | e, if filing) | riist Name | Middle Name | Last Name | | |
| United | d States E | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | |
| Case | number | | | _ | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| Offic | cial F | orm 106A/B | | | | |
| Sch | hedu | le A/B: Prop | nertv | | | 12/15 |
| In each think it informa | category, fits best. | separately list and descril Be as complete and accur ore space is needed, attacl | te tems. List an asset only once. It ate as possible. If two married peop n a separate sheet to this form. On t | ole are filing together, both | are equally responsible for | t in the category where you supplying correct |
| Part 1: | Describ | e Each Residence. Buildin | g, Land, or Other Real Estate You C | Own or Have an Interest In | | |
| | | | · · · · · · · · · · · · · · · · · · · | | _ | |
| 1. Do y | ou own o | r have any legal or equitab | le interest in any residence, buildin | g, land, or similar property | ? | |
| | lo. Go to Pa | art 2. | | | | |
| ΠY | es. Where | e is the property? | | | | |
| | | | | | | |
| Part 2: | Describ | e Your Vehicles | | | | |
| | | | uitable interest in any vehicles cle, also report it on Schedule G: | | | vehicles you own that |
| 3. Car | s. vans. i | trucks, tractors, sport u | tility vehicles, motorcycles | | | |
| o. Ju . | o, ra, . | iraono, iraotoro, oport a | initially vernoises, meter eyeres | | | |
| | 10 | | | | | |
| Y | 'es | | | | | |
| | | | | | 5 | |
| 3.1 | Make: | Ford | Who has an interest in t | :he property? Check one | | d claims or exemptions. Put cured claims on Schedule D: |
| | Model: | Escape | Debtor 1 only | | Creditors Who Have 0 | Claims Secured by Property. |
| | Year: | 2009 | Debtor 2 only | | Current value of the | Current value of the |
| | Other info | | 5,700 Debtor 1 and Debtor 2 At least one of the del | • | entire property? | portion you own? |
| | 000 | | At least one of the def | nois and another | | |
| | | | ☐ Check if this is com | munity property | \$8,500.00 | \$8,500.00 |
| | | | (see instructions) | | | |
| | <i>mples:</i> Bo lo | | ATVs and other recreational velsonal watercraft, fishing vessels, s | | | |
| | | | | | | |
| | | | | | | |
| | | | you own for all of your entries 2. Write that number here | | | \$8,500.00 |
| | . | . V B | -1-116 | | | |
| | | e Your Personal and Hous | sehold Items table interest in any of the follo | wing items? | | Current value of the |
| ро ус | ou own or | mave any legal or equi | iable iliterest ili ally of the folio | wing itellis? | | portion you own? Do not deduct secured claims or exemptions. |
| | | goods and furnishings //ajor appliances, furniture | e, linens, china, kitchenware | | | |

□ No
Official Form 106A/B Schedule A/B: Property

| Debtor 1 | Case 16-82624 Jolene C. Bair | Doc 1 | Filed 11/09/16 Document | Entered 11/09/16 10:14:55 Page 11 of 59 Case number (if known) | Desc Main |
|--|---|-------------------|--|--|---------------------------------|
| _ | Describe | | | | |
| ■ Yes. | | | ada and from inhinar | | \$1,000.00 |
| | MISC. NO | busenola go | ods and furnishings | | φ1,000.00 |
| □ No | es: Televisions and radios; including cell phones, control Describe | ameras, med | stereo, and digital equip ia players, games | oment; computers, printers, scanners; music o | collections; electronic devices |
| | 1 Cell P 1 Comp | | | | \$500.00 |
| ■ No □ Yes. 9. Equipment Example ■ No | other collections, memoral describe ent for sports and hobbie | orabilia, collect | tibles | oks, pictures, or other art objects; stamp, coin bicycles, pool tables, golf clubs, skis; canoes | |
| ■ No □ Yes. | oles: Pistols, rifles, shotguns Describe s | | | | |
| □ No | oles: Everyday clothes, furs, Describe | , learner coar | s, designer wear, snoes, | , accessories | |
| | Clothing | g and perso | nal items | | \$1,200.00 |
| ■ No □ Yes. 13. Non-fa Examp | | | engagement rings, wed | ding rings, heirloom jewelry, watches, gems, g | gold, silver |
| | 2 Dog's | | | | \$0.00 |
| ■ No | her personal and househo | | u did not already list, in | ncluding any health aids you did not list | |
| | the dollar value of all of yo art 3. Write that number he | | | ny entries for pages you have attached | \$2,700.00 |

Part 4: Describe Your Financial Assets

Official Form 106A/B

Page 12 of 59 Document Case number (if known) Debtor 1 Jolene C. Bair Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... 17.1. Checking Bank of America \$200.00 Bank of America \$50.00 Savings 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: 401(k) Interest in Fidelity \$3,911.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

| | | Case 16-8262 | 24 Doc 1 | Filed 11/09/16 Document | Entered 11/09/16 10:14:55 Page 13 of 59 | Desc Main |
|-----|-----------------|---|-----------------------|---|--|---|
| De | ebtor 1 | Jolene C. Bair | | Boodmone | Case number (if known) | |
| 25. | Trusts, ■ No | equitable or future in | nterests in prope | rty (other than anything | g listed in line 1), and rights or powers exer | cisable for your benefit |
| | ☐ Yes. | Give specific informat | ion about them | | | |
| 26. | Examp ■ No | | ames, websites, pr | ts, and other intellecturoceeds from royalties an | al property nd licensing agreements | |
| 07 | | | | a mila la a | | |
| 21. | Examp | es, franchises, and o les: Building permits, e | exclusive licenses, | cooperative association | holdings, liquor licenses, professional license | es |
| | ☐ Yes. | Give specific informat | ion about them | | | |
| M | oney or p | property owed to you | 1? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax ref | unds owed to you | | | | |
| | ■ No | Givo specific informati | on about them inc | luding whather you alree | adv filed the returns and the tay years | |
| | □ res. | Give specific informati | on about them, inc | auding whether you alrea | ady filed the returns and the tax years | |
| 29. | ■ No | | | usal support, child suppo | rt, maintenance, divorce settlement, property | settlement |
| 30. | Examp | | | | efits, sick pay, vacation pay, workers' compen | sation, Social Security |
| | ■ No □ Yes. | Give specific informat | ion | | | |
| 31 | | ts in insurance polici | | | | |
| 01. | Examp | | | ealth savings account (F | HSA); credit, homeowner's, or renter's insuran | ce |
| | ■ No □ Yes I | Name the insurance co | ompany of each po | olicy and list its value | | |
| | – 103.1 | | Company name: | oney and list its value. | Beneficiary: | Surrender or refund value: |
| 32. | If you a someo | | a living trust, expec | someone who has die t proceeds from a life ins | d surance policy, or are currently entitled to rece | ive property because |
| 33. | | | | ou have filed a lawsuigurance claims, or rights | t or made a demand for payment to sue | |
| | | Describe each claim | | | | |
| 34. | Other o | ontingent and unliqu | uidated claims of | every nature, including | counterclaims of the debtor and rights to | set off claims |
| | _ | Describe each claim | | | | |
| 35. | _ ` | ancial assets you did | d not already list | | | |
| | ■ No □ Yes. | Give specific informat | ion | | | |

| Debtor 1 | Jolene C. Bair | | Case number (if known) | |
|-----------------|---|------------------------------|------------------------------|-------------|
| | the dollar value of all of your entries from Part 4, includ Part 4. Write that number here | | ' | \$4,161.00 |
| Part 5: D | escribe Any Business-Related Property You Own or Have an Int | erest In. List any real esta | ite in Part 1. | |
| 7. Do you | own or have any legal or equitable interest in any business-rela | ated property? | | |
| No. G | Go to Part 6. | | | |
| ☐ Yes. | Go to line 38. | | | |
| | escribe Any Farm- and Commercial Fishing-Related Property Yo you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interes | et In. | |
| | ou own or have any legal or equitable interest in any farn | n- or commercial fishin | g-related property? | |
| ■ No | o. Go to Part 7. | | | |
| ☐ Ye | es. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That Y | ou Did Not List Above | | |
| Exan | ou have other property of any kind you did not already list | st? | | |
| ■ No | | | | |
| ⊔ Yes | . Give specific information | | | |
| 54. Add | the dollar value of all of your entries from Part 7. Write t | that number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Part | 1: Total real estate, line 2 | | | \$0.00 |
| 56. Part | 2: Total vehicles, line 5 | \$8,500.00 | _ | |
| 57. Part | 3: Total personal and household items, line 15 | \$2,700.00 | | |
| 58. Part | 4: Total financial assets, line 36 | \$4,161.00 | | |
| 59. Part | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Part | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Part | 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. Tota | al personal property. Add lines 56 through 61 | \$15,361.00 | Copy personal property total | \$15,361.00 |

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$15,361.00

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1 | Jolene C. Bair | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Specific laws that allow exemption |
|--|--------------------------------------|--|
| | Copy the value from Schedule A/B | Check only one box for each exemption. |
| Misc. household goods and furnishings Line from <i>Schedule A/B</i> : 6.1 | \$1,000.00 | \$1,000.00 735 ILCS 5/12-1001(b) |
| Ellie IIolii Gonedale 7V2. G. 1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| 3 TV's 1 Cell Phone | \$500.00 | \$500.00 735 ILCS 5/12-1001(b) |
| 1 Computer Line from Schedule A/B: 7.1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Clothing and personal items Line from Schedule A/B: 11.1 | \$1,200.00 | \$1,200.00 735 ILCS 5/12-1001(a) |
| Ellie Helli Gohedale 7VB. TT. 1 | | ☐ 100% of fair market value, up to any applicable statutory limit |
| Checking: Bank of America Line from Schedule A/B: 17.1 | \$200.00 | \$200.00 735 ILCS 5/12-1001(b) |
| Line from Schedule A.B. 17.1 | | 100% of fair market value, up to any applicable statutory limit |
| 401(k): Interest in Fidelity Line from Schedule A/B: 21.1 | \$3,911.00 | 100% 735 ILCS 5/12-1006 |
| Line Irom Schedule AVB. 21.1 | | 100% of fair market value, up to any applicable statutory limit |

Case 16-82624 Filed 11/09/16 Entered 11/09/16 10:14:55 Document Page 16 of 59 Debtor 1 Jolene C. Bair Case number (if known) 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Doc 1

Yes

Desc Main

| | | Document | Page 17 | of 59 | _ | |
|---|-------------------------------------|--|---------------------|-----------------------------------|--|-------------------|
| Fill in this informa | tion to identify you | ır case: | | | | |
| Debtor 1 | Jolene C. Bair | | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | First Name | Middle None | Loot Name | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bank | ruptcy Court for the | : NORTHERN DISTRICT OF ILL | INOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | ameno | led filing |
| Official Form | 106D | | | | | |
| | | Who Have Claims | Socuroc | l by Proporty | . 1 | 12/15 |
| Scriedule L | . Creditors | WIID Have Claims | Jecui eu | by Froperty | <u>y</u> | 12/13 |
| | | If two married people are filing togethout, number the entries, and attach it | | | | |
| 1. Do any creditors ha | ave claims secured by | y your property? | | | | |
| □ No. Check th | nis box and submit t | his form to the court with your other | schedules. Yo | ou have nothing else to | report on this form. | |
| Yes. Fill in a | II of the information | below. | | | | |
| Part 1: List All S | Secured Claims | | | | | |
| | | more than one secured claim, list the cre | editor senarately | Column A | Column B | Column C |
| for each claim. If more | e than one creditor has | s a particular claim, list the other creditors ical order according to the creditor's name | s in Part 2. As | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | • | - | | value of collateral. | claim | If any |
| 2.1 Capital One Creditor's Name | Auto Finance | Describe the property that secures t | | \$9,612.00 | \$8,500.00 | \$1,112.00 |
| Creditor's Name | | 2009 Ford Escape 6,700 miles | 3 | | | |
| | | | | | | |
| P.O. Box 26 | | As of the date you file, the claim is: apply. | Check all that | | | |
| Plano, TX 75 | 5026-0848 | ☐ Contingent | | | | |
| Number, Street, Ci | ity, State & Zip Code | Unliquidated | | | | |
| Who owes the debt | 2 Charle and | Disputed | | | | |
| _ | r Crieck one. | Nature of lien. Check all that apply. | mortanaa or oog | urad | | |
| Debtor 1 only | | | mortgage or sect | urea | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debt | or 2 only | ☐ Statutory lien (such as tax lien, med | obanio'a lian) | | | |
| ☐ At least one of the | • | ☐ Judgment lien from a lawsuit | chanics lien) | | | |
| ☐ Check if this clair | | Other (including a right to offset) | purchase mo | onev | | |
| community debt | | — Other (including a right to onset) | <u>'</u> | <u> </u> | | |
| Date debt was incurr | ed May 2016 | Last 4 digits of account number | ber | | | |
| | | | | | | |
| | | | | | | |
| | • | Column A on this page. Write that num | | \$9,61 | 2.00 | |
| If this is the last pa Write that number | | the dollar value totals from all pages. | | \$9,61 | 2.00 | |
| | | | | | | |
| Part 2: List Other | rs to Be Notified fo | or a Debt That You Already Listed | | | | |
| | | oe notified about your bankruptcy for a owe to someone else, list the creditor i | | | | |
| than one creditor for debts in Part 1, do no | | t you listed in Part 1, list the additiona nis page. | I creditors here | . If you do not have add | litional persons to be n | otified for any |
| | | . 5 | | | | |
| | r, Street, City, State & | Zip Code | On whic | h line in Part 1 did you er | nter the creditor? 2.1 | |
| | Capital Group orate Drive, Suite | 400 | 1 004 4 4 | igite of account number | | |
| Irving, TX 7 | | 1 00 | Lasi 4 (II | igits of account number _ | _ | |

| | | | Docume | ent Page 18 of 59 | |
|-------------------------------|---|--|---|--|--|
| Filli | in this inforr | nation to identify your | case: | | |
| Deb | tor 1 | Jolene C. Bair | | | |
| | | First Name | Middle Name | Last Name | - |
| | tor 2 | First Name | Addula Nama | Lankhama | _ |
| (Spot | use if, filing) | First Name | Middle Name | Last Name | |
| Unit | ed States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | T OF ILLINOIS | _ |
| Casi | e number | | | | |
| (if kno | _ | | | | ☐ Check if this is an |
| | | | | | amended filing |
| ∠ττ: | sial Fama | - 400E/E | | | |
| | | n 106E/F | lha Haya Haasa | | 40/45 |
| | | | /ho Have Unsec | Ured Claims PRIORITY claims and Part 2 for creditors with | 12/15 |
| iche iche eft. A ame | dule G: Execu dule D: Credit attach the Cor and case nur | tory Contracts and Unexpors Who Have Claims Secutinuation Page to this page to the page to | pired Leases (Official Form cured by Property. If more s ge. If you have no information | Also list executory contracts on Schedule A 106G). Do not include any creditors with parti pace is needed, copy the Part you need, fill it on to report in a Part, do not file that Part. On | ally secured claims that are listed in out, number the entries in the boxes on the |
| Part | | II of Your PRIORITY Ur | | | |
| _ | No. Go to F | ors have priority unsecure | d claims against you? | | |
| | | 'an 2. | | | |
| | ☐ Yes. 2: List A | II of Your NONPRIORIT | TV Unaccured Claims | | |
| | | | | | |
| | | | cured claims against you? | | |
| | | ve nothing to report in this p | part. Submit this form to the co | ourt with your other schedules. | |
| - 1 | Yes. | | | | |
| t | unsecured clair | m, list the creditor separatel | y for each claim. For each cla | der of the creditor who holds each claim. If a calm listed, identify what type of claim it is. Do not I 3. If you have more than three nonpriority unsecu | list claims already included in Part 1. If more |
| | G. (2) | | | | Total claim |
| 4.1 | Account | Liquidation Services | Inc. Last 4 digit | s of account number | \$41.00 |
| | | y Creditor's Name | , | | |
| | | st Water Street | When was | the debt incurred? | |
| | P.O. Bo | x 174 n, IA 52101 | | | |
| | | treet City State Zlp Code | As of the da | ate you file, the claim is: Check all that apply | |
| | Who incu | rred the debt? Check one. | | | |
| | Debtor | 1 only | ☐ Continge | ent | |
| | ☐ Debtor | 2 only | ☐ Unliquida | ated | |
| | ☐ Debtor | 1 and Debtor 2 only | ☐ Disputed | d . | |
| | ☐ At leas | st one of the debtors and an | other Type of NO | NPRIORITY unsecured claim: | |
| | ☐ Check | if this claim is for a com | munity | loans | |
| | debt | | | ons arising out of a separation agreement or divo | rce that you did not |
| | _ | m subject to offset? | report as pri | • | |
| | ■ No | | ☐ Debts to | pension or profit-sharing plans, and other similar | |
| | ☐ Yes | | Other. S | collections for Casey's General and other misc. accounts | Stores Inc., |
| | | | S | and other mist, accounts | |

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| Debt | or 1 Jolene C. Bair | Case number (if know) | |
|------|--|---|------------|
| 4.2 | American Family Insurance Nonpriority Creditor's Name | Last 4 digits of account number | \$500.00 |
| | 6000 American Parkway Madison, WI 53783-0001 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | _ | Пол | |
| | Debtor 1 only | Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify services | |
| 4.3 | American Web Loan Nonpriority Creditor's Name | Last 4 digits of account number | \$2,240.00 |
| | 522 North 14th St., Box 130 Ponca City, OK 74601 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify loan | |
| 4.4 | CACH LLC | Last 4 digits of account number 0201 | \$1,206.18 |
| | Nonpriority Creditor's Name c/o Mandarich Law Group, LLP 1 N. Dearborn Streeetm, Suite 650 | When was the debt incurred? | . , |
| | Chicago, IL 60602 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No | | |
| | Yes | ■ Other. Specify 2015 SC 371 | |

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| 1 Jolene C. Bair | Case number (if know) | |
|--|---|----------|
| Capital Accounts Inc. Nonpriority Creditor's Name | Last 4 digits of account number | \$200.00 |
| P.O. Box 140065 Nashville, TN 37214-0065 | When was the debt incurred? | |
| Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Cash Net USA | As of the date you file, the claim is: Check all that apply | |
| _ | ☐ Contingent | |
| | ☐ Unliquidated | |
| | □ Disputed | |
| | Type of NONPRIORITY unsecured claim: | |
| | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify other misc. accounts | |
| Cash Net USA | Last 4 digits of account number | \$683.41 |
| Nonpriority Creditor's Name 175 West Jackson, Suite 1000 Chicago, IL 60604 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify loan | |
| Cavalry SPV I LLC Nonpriority Creditor's Name | Last 4 digits of account number | \$845.00 |
| c/o Shindler & Joyce 1990 E. Algonquin Road, Suite 180 | When was the debt incurred? | |
| Schaumburg, IL 60173 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | □ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify 2016 SC 40 | |

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| Debt | or 1 Jolene C. Bair | Case number (if know) | |
|----------|--|---|-------------|
| 4.8 | Chase Home Finance Nonpriority Creditor's Name | Last 4 digits of account number | \$18,319.00 |
| | 3415 Vision Drive Columbus, OH 43219-6009 | When was the debt incurred? | |
| | Number Street City State ZIp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Possible liability on mortgage | |
| 4.9 | Chase Receivables Nonpriority Creditor's Name | Last 4 digits of account number 8783 | \$832.50 |
| | 1247 Broadway Sonoma, CA 95476 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Anesthesia, and other misc. accounts | |
| 4.1 0 | Chrysler Capital | Last 4 digits of account number | \$8,559.00 |
| | Nonpriority Creditor's Name P.O. Box 961279 | When was the debt incurred? | |
| | Fort Worth, TX 76161 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐Yes | ■ Other. Specify Deficiency balance on auto loan | |
| | | | |

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| Debt | or 1 Jolene C. Bair | Case number (if know) | |
|----------|--|---|----------|
| 4.1 1 | Convergent Outsourcing Inc | Last 4 digits of account number 0503 | \$589.74 |
| | Nonpriority Creditor's Name 800 SW 39th St P.O. Box 9004 | When was the debt incurred? | |
| | Renton, WA 98057 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | collections for Directv, and other misc. accounts | |
| 4.1 2 | Credit Collection Services Nonpriority Creditor's Name | Last 4 digits of account number | \$629.00 |
| | Two Wells Avenue Newton, MA 02459 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Co., and other misc. accounts | |
| 4.1 | Creditors Discount & Audit Co. | Last 4 digits of account number 9074 | \$289.00 |
| | Nonpriority Creditor's Name 415 E. Main Street P.O. Box 213 Streator, IL 61364-0213 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | □Ves | collections for Tri City Radiology, and other | |

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Case number (if know)

| Debt | Joiene C. Bair | Case number (if know) | |
|----------|---|---|--------------|
| 4.1 4 | DeKalb Eye Consultants LLC | Last 4 digits of account number 0946 | \$350.00 |
| | Nonpriority Creditor's Name 2240 Gareway Drive | When was the debt incurred? | |
| | Sycamore, IL 60178-3103 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify medical | |
| 4.1 5 | Farm & Fleet | Last 4 digits of account number 3056 | \$928.00 |
| | Nonpriority Creditor's Name c/o Synchrony Bank: Bankruptcy Dept P.O. Box 965061 Orlando, FL 32896-5061 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify misc. charges | |
| 4.1 6 | Fedloan Servicing | Last 4 digits of account number | \$159,750.00 |
| | Nonpriority Creditor's Name P.O. Box 69184 Harrisburg, PA 17106-9184 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Πyes | Other Coosity, student loans | |

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| Debt | or 1 Jolene C. Bair | Case number (if know) | |
|----------|--|---|----------|
| 4.1 7 | Illinois Community Credit Union | Last 4 digits of account number | \$242.00 |
| | Nonpriority Creditor's Name 508 W. State Street | When was the debt incurred? | |
| | Sycamore, IL 60178 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify loan | |
| 4.1 | Laboratow, Physiciana II C | Last 4 digits of account number 3059 | ¢54.00 |
| 8 | Laboratory Physicians LLC Nonpriority Creditor's Name P.O. Box 10200 | Last 4 digits of account number 3059 | \$54.00 |
| | Peoria, IL 61612-0200 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | Yes | ■ Other. Specify medical | |
| 4.1 9 | Merchant's Credit Guide | Last 4 digits of account number | \$140.00 |
| | Nonpriority Creditor's Name 223 W. Jackson Blvd. Chicago, IL 60606 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | collections for CPG OAD Physicians Group, Midwest Ear Nose Throat, and other misc. Other. Specify accounts | |
| | | accounte | |

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Case Dumber (if know)

| Debu | Joiene C. Bair | Case number (if know) | |
|----------|---|---|----------|
| 4.2 0 | Midland Credit Management | Last 4 digits of account number 0623 | \$321.99 |
| | Nonpriority Creditor's Name 2365 Northside Drive, Suite 300 San Diego, CA 92108 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | collections for Capital One Bank, and other misc. accounts | |
| 4.2 | Midwest Children's Heart Specialist | Last 4 digits of account number 9703 | \$257.85 |
| | Nonpriority Creditor's Name 1555 N. Barrington Road, Suite 315 Hoffman Estates, IL 60169-1065 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify medical | |
| 4.2 | Mutual Management Services Inc | Last 4 digits of account number | \$350.00 |
| | Nonpriority Creditor's Name 7177 Crimson Ridge Drive, Suite 10 P.O. Box 8740 | When was the debt incurred? | |
| | Rockford, IL 61126-6235 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | collections for Hauser Ross Eye Institute, and Other. Specify other misc. accounts | |

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Case number (if know)

| Debt | or 1 Jolene C. Bair | Case number (if know) | |
|----------|--|---|------------|
| 4.2 3 | NES of Ohio | Last 4 digits of account number 2354 | \$836.42 |
| | Nonpriority Creditor's Name 29125 Solon Road | When was the debt incurred? | |
| | Solon, OH 44139-3442 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the stant is. One of an arat appry | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | collections for Care Credit, Synchrony Bank, and other misc. accounts | |
| 4.2 4 | Rockford Mercantile Agency Inc | Last 4 digits of account number | \$1,861.00 |
| | Nonpriority Creditor's Name 2502 S. Alpine Road Rockford, IL 61108 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | collections for Oral Maxillofacial Surgeons, Genoa Mobil, Capital One, HSBC Bank Navada, and other misc. accounts | |
| | | | |
| 4.2 5 | RRCA Accounts Management Inc Nonpriority Creditor's Name | Last 4 digits of account number 8797 | \$362.17 |
| | 201 East 3rd St Sterling, IL 61081-3611 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | Student loans | |
| | Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | collections for Brian Bemis Autoworld, and | |

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Case number (if know) Debtor 1 Jolene C. Bair 4.2 Santander Consumer \$5,742.33 Last 4 digits of account number 6 Nonpriority Creditor's Name Attention: Bankruptcy Dept When was the debt incurred? P.O. Box 961245 Fort Worth, TX 76161 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Deficiency balance on auto loan 4.2 Shindler & Joyce Attorneys at Law 7797 \$845.75 Last 4 digits of account number Nonpriority Creditor's Name 1990 E. Algonquin Road, Suite 180 When was the debt incurred? Schaumburg, IL 60173-4164 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No collections for Cavalry SPV ILLC, HSBC Bank Nevada, Capital One USA, and other misc. ☐ Yes Other. Specify accounts 4.2 State Collection Service 495Q \$262.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2509 S. Stoughton Road Madison, WI 53716 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts collections for Emergency Veterinary Services, Tri City Radiology SC, and other misc. Other. Specify accounts ☐ Yes

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Case number (if know)

| DCDI | Joiette C. Daii | Case Hamber (II know) | |
|----------|--|--|----------|
| 4.2 9 | Target Stores | Last 4 digits of account number 4194 | \$416.00 |
| | Nonpriority Creditor's Name c/o Target Credit Services | When was the debt incurred? | |
| | P.O. Box 673 Minneapolis, MN 55440-0673 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other. Specify misc. charges | |
| 4.3 | The Receivable Managment | Last 4 digits of account number | \$119.00 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψ110.00 |
| | 240 Emery Street | When was the debt incurred? | |
| | Bethlehem, PA 18015 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim is. Oneon an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | collections for Wast management Retail, and other misc. accounts | |
| 4.3 | Transucold Customs | Last 4 digits of account number 9703 | ¢257.05 |
| 1 | Transworld Systems Nonpriority Creditor's Name | Last 4 digits of account number 9703 | \$257.85 |
| | 2235 Mercury Way Suite 275 Santa Rosa, CA 95407 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | | collections for Midwest Childrens Heart, and | |
| | Yes | Other. Specify other misc. accounts | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Jolene C. Bair

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Santander Consumer USA, Inc. **Bankruptcy Department** 5201 Rufe Snow Dr., Suite 400 North Richland Hills, TX 76180

On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.26 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | 6f. | Student loans | 6f. | Total Claim |
| Total | ОІ. | Student loans | о. | \$ 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | · | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 208,030.19 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 208,030.19 |

| | | I A A A HI III | | |
|---|-------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Jolene C. Bair | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | - |
| | | | | | |

| | | Docume | nt Page 31 d | า 59 | |
|---|---|---|--|---|--|
| Fill in this i | nformation to identify your | | | | |
| Debtor 1 | Jolene C. Bair | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | a) First Name | Middle Name | Last Name | | |
| | | NORTHERN DISTRICT | | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | er | | | | Charle if this is an |
| (ii Kilowii) | | | | | Check if this is an amended filing |
| | | | | | Ç |
| Official | Form 106H | | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| 1. Do y ■ No □ Yes 2. With Arizona ■ No. 0 □ Yes. | i, California, Ídaho, Louisiána, Go to line 3. Did your spouse, former spou | you are filing a joint case, or legal equivalent live | do not list either spouse coperty state or territor erto Rico, Texas, Wash with you at the time? | r y? (<i>Community property</i> ington, and Wisconsin.) | v states and territories include |
| in line : Form 1 out Co | 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed the 166). Use Schedule D, 9 | g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt |
| | ame, Number, Street, City, State and Zi | P Code | | Check all schedule | |
| 3.1 | | | | ☐ Schedule D, line | 9 |
| | lame | | | □ Schedule E/F, li | ine |
| | | | | ☐ Schedule G, line | e |
| | lumber Street | _ | | | |
| C | tity | State | ZIP Code | | |
| 3.2 | | | | □ Cohodulo D. line | |
| | lame | | | ☐ Schedule D, line ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | |
| N | lumber Street | | | _ | |
| | ity | State | ZIP Code | | |

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| | | | | | | • | | | | |
|-------------|--|--|--------------------------------------|-------------|------|-------------|----------------|--------------------------|------------------------|----------|
| Fill | in this information to identify you | ır case: | | | | | | | | |
| Del | btor 1 Jolene C. | Bair | | | _ | | | | | |
| | btor 2 buse, if filing) | | | | _ | | | | | |
| Uni | ited States Bankruptcy Court for | the: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| (If kr | se number nown) | | - | | | □ A | | ed filing ent showing | g postpetition | |
| 0 | fficial Form 106l | | | | | N | 1M / DD/ Y | YYY | | |
| S | chedule I: Your In | come | | | | | | | | 12/1 |
| spo atta | plying correct information. If y use. If you are separated and ch a separate sheet to this for the control of t | your spouse is not filing w m. On the top of any additi | ith you, do not inclu | ıde infori | nati | on about | t your spo | ouse. If mo | re space is | needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | 2 or non-fil | ing spouse | |
| | If you have more than one job attach a separate page with | Employment status | ■ Employed | | | | ☐ Employed | | | |
| | information about additional employers. | | ☐ Not employed | | | | ☐ Not employed | | | |
| | Include part-time, seasonal, or | Occupation . | Supervisor | | | | | | | |
| | self-employed work. | Employer's name | CDH-Delnor Hea | alth Syst | em | | | | | |
| | Occupation may include stude or homemaker, if it applies. | nt Employer's address | 23 N. Windfield Winfield, IL 6019 | | | | | | | |
| | | How long employed t | here? 14 year | rs | | | _ | | | |
| Par | Give Details About I | Monthly Income | | | | | | | | |
| | imate monthly income as of thuse unless you are separated. | e date you file this form. If | you have nothing to r | eport for | any | line, write | \$0 in the | space. Inc | lude your no | n-filing |
| | ou or your non-filing spouse have e space, attach a separate shee | | ombine the information | n for all e | empl | oyers for | that perso | on on the lir | nes below. If | you need |
| | | | | | | For Del | otor 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, s deductions). If not paid month | | | 2. | \$ | 5 | ,198.00 | \$ | N/A | - |
| 3. | Estimate and list monthly ov | vertime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Ad | d line 2 + line 3. | | 4. | \$ | 5,19 | 98.00 | \$ | N/A | |

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| 1 Jolene C. Bair | | Case r | number (<i>if known</i>) | | |
|--|--|---|--|---|--------------------------|
| | | For | Debtor 1 | For De | htor 2 or |
| | | FOI | Deptor 1 | | ing spouse |
| Copy line 4 here | 4. | \$ | 5,198.00 | \$ | N/A |
| ist all payroll deductions: | | | | | |
| ia. Tax, Medicare, and Social Security deductions | 5a. | \$ | 1.351.00 | \$ | N/A |
| b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A |
| c. Voluntary contributions for retirement plans | 5c. | \$ | 169.00 | \$ | N/A |
| id. Required repayments of retirement fund loans | 5d. | \$ | 18.00 | \$ | N/A |
| ie. Insurance | 5e. | \$ | 275.00 | \$ | N/A |
| if. Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A |
| • | | - : | 0.00 | * | N/A |
| · · · · · · · · · · · · · · · · · · · | | · — | | · | N/A |
| | | · — | · · · · · · · · · · · · · · · · · · · | · — | <u>N/A</u> |
| | 7. | \$ | 3,385.00 | \$ | <u>N/A</u> |
| Ba. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross | | | | | |
| | 90 | Ф | 0.00 | Ф | NI/A |
| | | | | | N/A N/A |
| | | Ψ | 0.00 | Ψ | IV/A |
| Include alimony, spousal support, child support, maintenance, divorce | | • | | • | |
| | | | | · — | N/A |
| | | | | | N/A |
| · · · · · · · · · · · · · · · · · · · | oe. | Φ | 0.00 | Ф | N/A |
| Include cash assistance and the value (if known) of any non-cash assis that you receive, such as food stamps (benefits under the Supplementa Nutrition Assistance Program) or housing subsidies. | l | \$ | 0.00 | \$ | N/A |
| | | · . | | · | N/A |
| • | - | - : | | | N/A |
| · · · · · - | | | | | |
| Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N/A |
| Calculate monthly income. Add line 7 + line 9. | 10. \$ | 3 | 3,385.00 + \$ | | N/A = \$ 3,385.00 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | |
| nclude contributions from an unmarried partner, members of your household, other friends or relatives. | your depend | - | • | | edule J. 11. +\$ 0.00 |
| | | | | | 12. \$ 3,385.00 Combined |
| On you expect an increase or decrease within the year after you file this | form? | | | | monthly income |
| | | | | | |
| Yes. Explain: | | | | | |
| | ist all payroll deductions: a. Tax, Medicare, and Social Security deductions b. Mandatory contributions for retirement plans c. Voluntary contributions for retirement plans d. Required repayments of retirement fund loans e. Insurance f. Domestic support obligations g. Union dues h. Other deductions. Specify: dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. alculate total monthly take-home pay. Subtract line 6 from line 4. ist all other income regularly received: a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. b. Interest and dividends c. Family support payments that you, a non-filing spouse, or a depen regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. d. Unemployment compensation e. Social Security f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplementa Nutrition Assistance Program) or housing subsidies. Specify: g. Pension or retirement income h. Other monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. tate all other regular contributions to the expenses that you list in Scheiclude contributions from an unmarried partner, members of your household, ther friends or relatives. on the include any amounts already included in lines 2-10 or amounts that are pecify: dd the amount in the last column of line 10 to the amount in line 11. The fire that amount on the Summary of Schedules and Statistical Summary of Copplies | ist all payroll deductions: a. Tax, Medicare, and Social Security deductions b. Mandatory contributions for retirement plans c. Voluntary contributions for retirement plans c. Voluntary contributions for retirement plans d. Required repayments of retirement fund loans e. Insurance f. Domestic support obligations g. Union dues 59. Other deductions. Specify: dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. alculate total monthly take-home pay. Subtract line 6 from line 4. 7. ist all other income regularly received: a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. b. Interest and dividends c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. d. Unemployment compensation e. Social Security f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: g. Pension or retirement income h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. include and the regular contributions to the expenses that you list in Schedule Juckuled contributions from an unmarried partner, members of your household, your dependent friends or relatives. on ont include any amounts already included in lines 2-10 or amounts that are not available pecify: dd the amount in the last column of line 10 to the amount in line 11. The result is the friends or relatives. on ont include any amounts already included in lines 2-10 or amounts that are not available pecify: | opy line 4 here 4. \$ ist all payroll deductions: a. Tax, Medicare, and Social Security deductions 5. \$ b. Mandatory contributions for retirement plans 5. \$ c. Voluntary contributions for retirement plans 5. \$ d. Required repayments of retirement fund loans 5. \$ in Insurance 5. \$ f. Domestic support obligations 5. \$ g. Union dues 5. \$ b. Mother deductions. Specify: 5. \$ dd the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ alculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ ist all other income regularly received: a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$ b. Interest and dividends 8b. \$ c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and properly settlement. 8c. \$ d. Unemployment compensation 8c. Social Security 8c. Social | ist all payroll deductions: a. Tax, Medicare, and Social Security deductions b. Mandatory contributions for retirement plans c. Voluntary contributions for retirement plans c. Voluntary contributions for retirement plans c. Voluntary contributions for retirement plans c. Social Security deductions d. Required repayments of retirement fund loans d. Required repayments of the fund loans d. Required repayments of the fund loans d. Domestic support obligations d. Domestic support obligations d. Domestic support obligations d. Domestic support obligations d. Domestic support deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5f+5g+5h. d. Domestic support deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5f+5g+5h. d. Lating a load total monthly take-home pay. Subtract line 6 from line 4. T. \$ 3,385.00 ist all other income regularly received: a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. a. Social Security b. Interest and dividends b. Do.00 d. Termity support payments that you, a non-filling spouse, or a dependent regularly receive include aimmony, spousal support, child support, maintenance, divorce settlement, and property settlement. B. Do.00 d. Dhemployment compensation B. Do.00 d. Dhemployment deductions and the value (if known) of any non-cash assistance that you receive, such as Good stamps, lonenits under the Supplemental Nutrition Assistan | opy line 4 here |

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| E | in this informs | tion to identify ye | | | | 1 | | |
|-------------------|--|---|-------------------------------------|---|----------------------|--------------|-------------------|---------------------------|
| | in this informa | tion to identify yo | our case. | | | | | |
| Deb | otor 1 | Jolene C. Bai | r | | | | eck if this is: | |
| Deh | otor 2 | | | | | | An amended filing | wing postpetition chapter |
| | ouse, if filing) | | | | | | 13 expenses as of | |
| Unit | ed States Bankr | ruptcy Court for the | NORTH | ERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Cas | e number | | | | | | | |
| 1 | nown) | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your I | Exper | ises | | | | 12/1 |
| Be info nur | as complete a ormation. If m mber (if know | and accurate as ore space is ne n). Answer ever | possible eded, atta y questio | . If two married people ar ch another sheet to this | | | | |
| Par 1. | t 1: Descr Is this a joir | ibe Your House | hold | | | | | |
| ١. | No. Go to | | | | | | | |
| | _ | s Debtor 2 live i | n a separ | ate household? | | | | |
| | □N | | | | | | | |
| | | | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of Deb | otor 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D | • | | Fill out this information for | Dependent's relat | ionshin to | Dependent's | Does dependent |
| | Debtor 2. | obtor rana | Yes. | each dependent | Debtor 1 or Debto | | age | live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | | | | Daughter | | 17 | Yes |
| | | | | | _ | | | □ No |
| | | | | | Son | | 18 | Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes ☐ No |
| | | | | | | | | ☐ Yes |
| 3. | | enses include | | No | | | | _ 1.00 |
| | | f people other ti d your depende | han $_{f \Box}$ | Yes | | | | |
| | yoursen am | u your depende | 1115 ? | | | | | |
| exp | imate your ex | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | | n assistance an | | government assistance i cluded it on <i>Schedule I:</i> \ | | | Your exp | enses |
| , | | , | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. I r lot. | nclude first mortgag | e 4. | \$ | 800.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | · | 0.00 |
| | | | | ipkeep expenses | | 4c. | · | 0.00 |
| F | | owner's associat | | | ma aquite la | 4d. | | 0.00 |
| 5. | Additional f | nortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. | Φ | 0.00 |

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| Debtor | 1 Jolene C. Bair | C | ase num | ber (if known) | |
|---------------|---|--|-----------|---------------------|--------------------------|
| 6. U 1 | tilities: | | | | |
| 6. 6 6 | | | 6a. | \$ | 300.00 |
| 6k | • | | 6b. | \$ | 75.00 |
| 60 | | and cable services | 6c. | · | 300.00 |
| 60 | | e, and cable services | | · | |
| | | | 6d. | · | 0.00 |
| | ood and housekeeping supplies | | 7. | · | 400.00 |
| _ | hildcare and children's education costs | | 8. | \$ | 150.00 |
| | lothing, laundry, and dry cleaning | | 9. | \$ | 200.00 |
| 0. P | ersonal care products and services | | 10. | \$ | 150.00 |
| 1. M | edical and dental expenses | | 11. | \$ | 150.00 |
| | ransportation. Include gas, maintenance, bu | us or train fare. | 40 | • | 150.00 |
| | o not include car payments. | | 12. | · | |
| | ntertainment, clubs, recreation, newspape | _ | 13. | · - | 0.00 |
| 4. C | haritable contributions and religious don | ations | 14. | \$ | 0.00 |
| - | surance. | | | | |
| | o not include insurance deducted from your | pay or included in lines 4 or 20. | | _ | |
| | 5a. Life insurance | | 15a. | · | 0.00 |
| 15 | 5b. Health insurance | | 15b. | \$ | 0.00 |
| 15 | 5c. Vehicle insurance | | 15c. | | 275.00 |
| 15 | 5d. Other insurance. Specify: | | 15d. | \$ | 0.00 |
| 6. T a | axes. Do not include taxes deducted from yo | our pay or included in lines 4 or 20. | _ | | |
| | pecify: | | 16. | \$ | 0.00 |
| 7. In | stallment or lease payments: | | _ | | |
| 17 | 7a. Car payments for Vehicle 1 | | 17a. | \$ | 398.00 |
| 17 | 7b. Car payments for Vehicle 2 | | 17b. | \$ | 0.00 |
| 17 | 7c. Other. Specify: | | 17c. | \$ | 0.00 |
| | 7d. Other. Specify: | | 17d. | \$ | 0.00 |
| | our payments of alimony, maintenance, a | nd support that you did not report as | _ | | |
| | educted from your pay on line 5, Schedule | | 18. | \$ | 0.00 |
| 9. O | ther payments you make to support other | rs who do not live with you. | | \$ | 0.00 |
| S | pecify: | | 19. | | |
| | ther real property expenses not included | in lines 4 or 5 of this form or on Schedu | ule I: Yo | our Income. | |
| 20 | Da. Mortgages on other property | | 20a. | \$ | 0.00 |
| 20 | 0b. Real estate taxes | | 20b. | \$ | 0.00 |
| 20 | Oc. Property, homeowner's, or renter's insu- | rance | 20c. | \$ | 0.00 |
| | Od. Maintenance, repair, and upkeep expen | | 20d. | \$ | 0.00 |
| | De. Homeowner's association or condomini | | 20e. | | 0.00 |
| | ther: Specify: | 4450 | 21. | · | 0.00 |
| . 0 | шет. ореспу. | | | ι ψ | 0.00 |
| 22. C | alculate your monthly expenses | | | | |
| 22 | 2a. Add lines 4 through 21. | | | \$ | 3,348.00 |
| 22 | 2b. Copy line 22 (monthly expenses for Debt | or 2), if any, from Official Form 106J-2 | | \$ | · |
| | 2c. Add line 22a and 22b. The result is your | • | | \$ | 3,348.00 |
| ~ | Lo. Add iiilo ZZa alia ZZD. THE TESUR IS YOU | monthly expenses. | | | 3,340.00 |
| 3. C | alculate your monthly net income. | | | | |
| 23 | Ba. Copy line 12 (your combined monthly in | come) from Schedule I. | 23a. | \$ | 3,385.00 |
| 23 | Bb. Copy your monthly expenses from line 2 | 22c above. | 23b. | -\$ | 3,348.00 |
| | , , | | | | |
| 23 | 3c. Subtract your monthly expenses from you | our monthly income. | | | 27.22 |
| | The result is your monthly net income. | • | 23c. | \$ | 37.00 |
| | | | | | |
| | o you expect an increase or decrease in y | | | | |
| | or example, do you expect to finish paying for your | car loan within the year or do you expect your m | ortgage p | payment to increase | or decrease because of a |
| | odification to the terms of your mortgage? | | | | |
| | No. | | | | |
| | Yes. Explain here: | | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------------------|---|---------------------------|----------------------------|------------------------------|---|
| Debtor 1 | Jolene C. Bair | | | | |
| Dahtar 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official Forr | | | | | |
| Declarat | tion About a | ın Individual | Debtor's Sc | chedules | 12/15 |
| Sig | n Below | | | | |
| Did you pa | y or agree to pay some | one who is NOT an attorn | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | | | | | ion Preparer's Notice, ure (Official Form 119) |
| | alty of perjury, I declare e true and correct. | that I have read the sumr | nary and schedules file | ed with this declaration and | |
| X /s/ Jole | ene C. Bair | | X | | |
| | C. Bair are of Debtor 1 | | Signature of | Debtor 2 | |
| Date | November 8, 2016 | | Date | | |

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| Fill | in this inform | nation to identify you | r case: | | | |
|---------------------|---------------------|--|--|---|---|---|
| Deb | otor 1 | Jolene C. Bair First Name | Middle Name | Last Name | | |
| | otor 2 | | | | | |
| (Spo | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ted States Bar | nkruptcy Court for the: | NORTHERN DISTRICT (| OF ILLINOIS | | |
| Cas (if kn | e number | | | | _ | Check if this is an mended filing |
| Sta Be a info | s complete a | of Financial | attach a separate sheet to | are filing together, both are | ankruptcy equally responsible for sup additional pages, write you | |
| | <u> </u> | | arital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | ■ Married □ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. List | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pri | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | ity property state or territor co, Texas, Washington and V | |
| | ■ No □ Yes. Ma | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Par | Explain | n the Sources of You | r Income | | | |
| 4. | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$51,979.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Case number (if known) Document

Debtor 1 Jolene C. Bair

| Sources of income Check all that apply. Gross income (before deductions and before deductions and content of the deductions) | | | | | Debtor 1 | | Debtor 2 | | |
|--|----------------------------------|--------------------------------|---|---|---|--|---|--|---|
| Check all that apply. (before deductions and exclusions) Check all that apply. (before deductions and exclusions) | | | | | | Grace income | | ma | Grass income |
| Commons Comm | | | | | | (before deductions and | | | (before deductions and exclusions) |
| For the calendar year before that: (January 1 to December 31, 2014) December 31, 2014 | (January 1 to Docombor 31, 2015) | | | 31, 2015) | | \$61,000.00 | | nissions, | |
| Clanuary 1 to December 31, 2014 December 31, 2014 Debtor 2 Departing a business Debtor 2 Debtor 2 Debtor | | | | | ☐ Operating a business | | ☐ Operating a b | usiness | |
| 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemplor and other public benefit payments; pensions; rental income; interest, dividends; money collected from lawsuits; royalties, and gambling and wirnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No | | | | | • | \$54,195.00 | • | nissions, | |
| Include income regardless of whether that Income is taxable. Examples of other income are alimony; child support; Social Security, unemplic and other public benefit payments; pensions; rental income; interest; dividends; money collected nawsuits; royabiles; and gambling and winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Sources of income Describe below. Describe below. Gross income from each source (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Monthly Child Support Terminated May 2016 Fart 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6.425" or more? No. Go to line 7. Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Pres. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Pres. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? | | | | | ☐ Operating a business | | Operating a b | usiness | |
| From January 1 of current year until the date you filed for bankruptcy: Monthly Child Support Terminated May 2016 \$900.00 | | and other winnings. List each | public benef If you are fili source and t | it payments; ng a joint cas he gross inco | pensions; rental income; inte e and you have income that | rest; dividends; money collect you received together, list it of | cted from lawsuits; ronly once under Del | oyalties; and otor 1. | |
| From January 1 of current year until the date you filed for bankruptcy: Monthly Child Support Terminated May 2016 \$900.00 | | | | | Debtor 1 | | Debtor 2 | | |
| From January 1 of current year until the date you filed for bankruptcy: Acre List Certain Payments You Made Before You Filed for Bankruptcy | | | | | Sources of income | each source (before deductions and | Sources of inco | me | Gross income (before deductions and exclusions) |
| 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payment attorney for this bankruptcy case. | | | | | | , | | | |
| | | Are eithe | r Debtor 1's Neither Deindividual p During the No. Yes * Subject Debtor 1 c During the | or Debtor 2' ebtor 1 nor D orimarily for a 90 days befo Go to line 7 List below e paid that cre not include to adjustment or Debtor 2 o 90 days befo Go to line 7 List below e | s debts primarily consume ebtor 2 has primarily consipersonal, family, or househore you filed for bankruptcy, do an editor. Do not include payme payments to an attorney for to 14/01/19 and every 3 years re you filed for bankruptcy, do an editor. | umer debts. Consumer debtoold purpose." id you pay any creditor a total id a total of \$6,425* or more nots for domestic support oblighis bankruptcy case. It is after that for cases filed on the company any creditor a total id you pay any creditor a total id a total of \$600 or more and | in one or more payr gations, such as chile or after the date of al of \$600 or more? | e? ments and the disconnection and the disc | ne total amount you nd alimony. Also, do |
| Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for | | Creditor | 's Name and | , | this bankruptcy case. Dates of payme | ent Total amount | Amount you | Was this r | payment for |

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| 7. | Within 1 year before you filed for bankruptour Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gen control, or owner of 20% o | eral partners; partners r more of their voting | erships of which yo g securities; and a | ou are a genera ny managing a | I partner; corporations gent, including one for |
|-----|---|--|--|--|---|---|
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cost | | ments or transfer a | any property on a | ccount of a de | bt that benefited an |
| | ■ No □ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include credi | this payment tor's name |
| Pa | rt 4: Identify Legal Actions, Repossession | s. and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. | cy, were you a party in an cases, small claims actions | y lawsuit, court ac s, divorces, collectio | tion, or administi n suits, paternity a | rative proceed actions, support | ing? or custody |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | e case |
| | Cavalry SPV I LLC v. Jolene C. Bair 2016 SC 40 | Suit to collect a debt | DeKalb County Circuit Court 133 W. State St Sycamore, IL 60178 | | □ Pending□ On appeal■ Concluded | |
| | CACH LLC v. Jolene C. Bair 2015 SC 371 | Suit to collect a debt | DeKalb County 133 W. State St Sycamore, IL 60 | | ☐ Pending ☐ On appe | |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below ☐ No. Go to line 11. ☐ Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garnis | shed, attached | , seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happened | | | | property |
| | Chrysler Capital P.O. Box 961279 | | | May | 2016 | \$5,975.00 |
| | Fort Worth, TX 76161 Property w | | | | | |
| | | Property was foreclos | | | | |
| | | ■ Property was garnishe | | | | |
| | | ☐ Property was attached | d, seized or levied. | | | |

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Case number (if known) Document Debtor 1 Jolene C. Bair

| 11. | Within 90 days before you filed for bankr accounts or refuse to make a payment b No Yes. Fill in the details. | | did any creditor, including a bank or financial ins you owed a debt? | stitution, set off any a | amounts from your |
|-----|---|----------|--|-----------------------------------|---------------------------|
| | Creditor Name and Address | De | scribe the action the creditor took | Date action was taken | Amount |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, or ■ No □ Yes | | as any of your property in the possession of an a er official? | assignee for the ben | efit of creditors, a |
| Par | List Certain Gifts and Contribution | s | | | |
| 13. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift. | uptcy, c | did you give any gifts with a total value of more th | han \$600 per person | ? |
| | Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and | 0 | Describe the gifts | Dates you gave the gifts | Value |
| | Address: | | | | |
| 14. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or c | | did you give any gifts or contributions with a tota | l value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code | | Describe what you contributed | Dates you contributed | Value |
| Par | List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy or | since you filed for bankruptcy, did you lose anyt | hing because of the | ft, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the loss the amount that insurance has paid. List pending not claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Par | 17: List Certain Payments or Transfers | 5 | | | |
| 16. | consulted about seeking bankruptcy or p | preparii | d you or anyone else acting on your behalf pay ong a bankruptcy petition? s, or credit counseling agencies for services required | | rty to anyone you |
| | □ No■ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | 'ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Balsley & Dahlberg 5130 North Second Street Loves Park, IL 61111 www.balsleylawoffice.com | | Attorney Fees | November 2016 | \$500.00 |

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Debtor 1 Jolene C. Bair

| 17. | Within 1 year before you filed for bankruptcy promised to help you deal with your credito. Do not include any payment or transfer that you No | rs or to make payments | | | ransfer any propert | y to anyone who |
|-----|--|--|------------------------------|------------------|---|-------------------------------|
| | Yes. Fill in the details. Person Who Was Paid | Description and v | alue of any propo | rtv | Data navment | Amount of |
| | Address | Description and v transferred | alue of ally proper | | Date payment or transfer was made | payment |
| 18. | Within 2 years before you filed for bankruptoutransferred in the ordinary course of your build like the like transfers and transfers mainclude gifts and transfers that you have already No Yes. Fill in the details. | usiness or financial affa ade as security (such as t | irs? he granting of a sec | | • | |
| | Person Who Received Transfer | Description and v | alue of | Describe an | y property or | Date transfer was |
| | Address Person's relationship to you | property transferr | | | ceived or debts | made |
| | . , | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details. | | y property to a sel | lf-settled trust | or similar device o | f which you are a |
| | Name of trust | Description and w | alue of the proper | tu transforrad | | Data Transfer was |
| | Name of trust | Description and v | alue of the proper | ty transferred | | Date Transfer was made |
| Par | List of Certain Financial Accounts, Ins | struments, Safe Deposit | Boxes, and Stora | ge Units | | |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, association in the setails. | or other financial accour | nts; certificates of | · | • | |
| | Name of Financial Institution and | Last 4 digits of | Type of account | or Date | account was | Last balance |
| | Address (Number, Street, City, State and ZIP Code) | account number | instrument | close | ed, sold, | before closing or transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? | ear before you filed for | bankruptcy, any s | safe deposit b | ox or other deposit | ory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | escribe the co | ntents | Do you still have it? |
| 22. | Have you stored property in a storage unit o No Yes. Fill in the details. | | home within 1 yea | ar before you | filed for bankruptcy | ? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, S State and ZIP Code) | | escribe the co | ntents | Do you still have it? |
| | | | | | | |

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Debtor 1 Jolene C. Bair

| Par | t 9: Identify Property You Hold or Control for S | omeone Else | | | | | |
|-----|--|--|---------------------------------------|-----------------------|--|--|--|
| 23. | Do you hold or control any property that someor for someone. | ne else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust | | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | |
| Par | t 10: Give Details About Environmental Information | tion | | | | | |
| For | the purpose of Part 10, the following definitions a | pply: | | | | | |
| | Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | , land, soil, surface water, ground | <u> </u> | | | | |
| | Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s | - | law, whether you now own, operate, | or utilize it or used | | | |
| | Hazardous material means anything an environn hazardous material, pollutant, contaminant, or si | | s waste, hazardous substance, toxic s | substance, | | | |
| Rep | ort all notices, releases, and proceedings that yo | u know about, regardless of wher | n they occurred. | | | | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | under or in violation of an environme | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or administ | rative proceeding under any envi | ronmental law? Include settlements | and orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | t 11: Give Details About Your Business or Conn | ections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have an | y of the following connections to any | / business? | | | |
| | ☐ A sole proprietor or self-employed in a tr | ade, profession, or other activity, | either full-time or part-time | | | | |
| | ☐ A member of a limited liability company (| LLC) or limited liability partnersh | ip (LLP) | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing executi | ve of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting or 6 | equity securities of a cornoration | | | | | |

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Case number (if known) Document Debtor 1 Jolene C. Bair

| | ■ No. None of the above applies. Go to Part 12. | | | | | |
|--|---|--|--|--|--|--|
| | Yes. Check all that apply above and fill in the details below for each business. | | | | | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | | | |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed | | | |
| 28. | Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement to a | nyone about your business? Include all financial | | | |
| | ■ No Ves. Fill in the details below. | | | | | |
| | Yes. Fill in the details below. | Date Issued | | | | |
| | Address (Number, Street, City, State and ZIP Code) | Date Issueu | | | | |
| | | | | | | |
| Pa | rt 12: Sign Below | | | | | |
| I ha are with 18 U | ve read the answers on this Statement of Fi true and correct. I understand that making a a a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. | a false statement, concealing property, or c | declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both. | | | |
| I ha are with 18 U | ve read the answers on this Statement of Fittrue and correct. I understand that making a har bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. Jolene C. Bair | a false statement, concealing property, or c \$250,000, or imprisonment for up to 20 year | btaining money or property by fraud in connection | | | |
| I ha are with 18 U | ve read the answers on this Statement of Fi true and correct. I understand that making a a a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. | a false statement, concealing property, or c | btaining money or property by fraud in connection | | | |
| I ha are with 18 U | ve read the answers on this Statement of Fittue and correct. I understand that making a a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. Jolene C. Bair ene C. Bair and J. Bair ene C. Bair | a false statement, concealing property, or c \$250,000, or imprisonment for up to 20 year | btaining money or property by fraud in connection | | | |
| I ha are with 18 U /s/ Joi Sig | ve read the answers on this <i>Statement of Fi</i> true and correct. I understand that making a a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. Jolene C. Bair ene C. Bair inature of Debtor 1 te November 8, 2016 you attach additional pages to <i>Your Statem</i> | Signature of Debtor 2 | obtaining money or property by fraud in connection ars, or both. | | | |
| I ha are with 18 U /s/ Jol Sig Date Did □ ↑ | ve read the answers on this Statement of Fitrue and correct. I understand that making a a bankruptcy case can result in fines up to J.S.C. §§ 152, 1341, 1519, and 3571. Jolene C. Bair ene C. Bair ene C. Bair ene C. Bair enature of Debtor 1 te November 8, 2016 you attach additional pages to Your Statem No es | Signature of Debtor 2 Date ent of Financial Affairs for Individuals Filing | obtaining money or property by fraud in connection ars, or both. og for Bankruptcy (Official Form 107)? | | | |

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| Fill in this inform | mation to identify your o | case: | | | | |
|---------------------------------|---|-----------------------|----------------|---|------------------|-----------------------------|
| Debtor 1 | Jolene C. Bair | | | | | |
| | First Name | Middle Name | | Last Name | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | | Last Name | | |
| United States Ba | inkruptcy Court for the: | NORTHERN DIST | TRICT OF ILL | INOIS | | |
| Case number | | | | | | |
| (if known) | | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| 000 : 15 | 400 | | | | | |
| Official Fo | rm 108 | | | | | |
| Statemer | nt of Intentio | n for Indiv | iduals | Filing Under Ch | apter 7 | 12/15 |
| | | | | | | |
| If you are an indi | ividual filing under chap | oter 7. vou must fil | l out this for | m if: | | |
| | e claims secured by you | - | | | | |
| _ | sed personal property a | | ot ovnirod | | | |
| | | | | bankruptcy petition or by the | date set for th | ne meeting of creditors. |
| | | | | use. You must also send copi | | |
| on the | form | | | | | |
| If two married ne | eonle are filing together | in a joint case, ho | th are equall | y responsible for supplying co | orrect informa | tion Roth debtors must |
| | nd date the form. | in a joint case, so | an are equal | y responsible for supplying of | orreot illiornia | non. Both debtors mast |
| | | , | | | | |
| | and accurate as possible our name and case nun | | s needed, att | ach a separate sheet to this fo | rm. On the top | of any additional pages, |
| Wille y | our name and oase nam | iber (ii kilowil). | | | | |
| Part 1: List Yo | our Creditors Who Have | Secured Claims | | | | |
| 4 For any anality | ara that way listed in Da | ut 1 of Cobodulo D | . Craditara V | Wha Have Claims Seeveed by F | Dramantii (Offic | ial Farm 106D) fill in the |
| information be | | irt i of Schedule D | : Creditors v | Who Have Claims Secured by F | Property (Onic | iai Form 106D), fill in the |
| | editor and the property th | nat is collateral | What do y | ou intend to do with the prope | erty that | Did you claim the property |
| | | | secures a | debt? | | as exempt on Schedule C? |
| | | | | | | |
| Creditor's C | Sapital One Auto Finan | CO | П с | landha muananti. | | = |
| name: | apital One Auto i Illan | CE | | ler the property. the property and redeem it. | | No |
| namo. | | | | | | □ Yes |
| Description of | 2009 Ford Escape 6 | 5,700 miles | | the property and enter into a mation Agreement. | ' | □ 163 |
| property | | | | the property and [explain]: | | |
| securing debt: | | | | and brokers, arran fershamist. | | |
| | | | | | | |
| | our Unexpired Personal | | | | | |
| | | | | G: Executory Contracts and U | | |
| | | | | es are leases that are still in e oes not assume it. 11 U.S.C. § | | period has not yet ended. |
| | an anoxpiroa porcona | · p. opolity loudo ii | | 3 | 000(5)(=). | |
| Describe your u | nexpired personal prop | erty leases | | | Will t | he lease be assumed? |
| | | | | | | |
| Lessor's name: | | | | | □ и | 0 |
| Description of lea Property: | aseu | | | | □ Y | •• |
| | | | | | Ц Ү | 5 5 |
| Lessor's name: | | | | | □ м | 0 |
| Description of lea | ased | | | | ЦΝ | U |
| Property: | | | | | □ Y | es |
| | | | | | | |
| Lessor's name: | | | | | ПΝ | 0 |

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Official Form 108

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| Debtor 1 Jolene C. Bair | Case number (if known) |
|---|---|
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intemproperty that is subject to an unexpired lease. | tion about any property of my estate that secures a debt and any personal |
| X /s/ Jolene C. Bair Jolene C. Bair Signature of Debtor 1 | Signature of Debtor 2 |
| Date November 8, 2016 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-82624 Doc 1 Filed 11/09/16 Entered 11/09/16 10:14:55 Desc Main Document Page 50 of 59

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Jolene C. Bair | | Case No. | | | |
|-------|--|---|--|------------------------------------|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| | DISCLOSURE OF COMPE | ENSATION OF ATTOI | RNEY FOR D | EBTOR(S) | | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | |
| | For legal services, I have agreed to accept | | \$ | 500.00 | | |
| | Prior to the filing of this statement I have received | | | 500.00 | | |
| | Balance Due | | \$ | 0.00 | | |
| 2. | \$_83.75_ of the filing fee has been paid. | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. ′ | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 5. | I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law fi | | | | | |
| | ☐ I have agreed to share the above-disclosed compencopy of the agreement, together with a list of the national statement. | | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| 1 | a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, state. c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to red agreements and applications as needed; of liens on household goods. | atement of affairs and plan which tors and confirmation hearing, ar luce to market value; exemption | n may be required; and any adjourned he on planning; prepa | arings thereof; | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any othe adversary proceeding. | | | | | |
| | | CERTIFICATION | | | | |
| | I certify that the foregoing is a complete statement of a pankruptcy proceeding. | ny agreement or arrangement for | payment to me for | representation of the debtor(s) in | | |
| N | lovember 8, 2016 | /s/ Jeffry A Dahlbe | erg | | | |
| | Date | Jeffry A Dahlberg | | | | |
| | | Signature of Attorne Balsley & Dahlber | | | | |
| | | 5130 North Secon | | | | |
| | | Loves Park, IL 611 | | _ | | |
| | | (815) 877-2593 F | | 5 | | |
| | | www.balsleylawofl Name of law firm | iice.com | | | |
| | | Traine of tan filli | | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In re: Case No.: 16-

Jolene C. Bair

Judge Thomas M Lynch

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 7 DEBTORS AND THEIR ATTORNEYS

BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case as required by Local Bankruptcy Rule and explain how and when the attorney's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, statements and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, statements and schedules.
- 5. Advise the debtor of the need to maintain appropriate insurance.

AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

1. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card

does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.

- 2. Notify the attorney of any change in the debtor's address or telephone number.
- 3. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 4. Contact the attorney immediately if the debtor loses employment, has a significant change in income or experiences any other significant change in financial situation (such as serious illness, lottery winnings or an inheritance).
- 5. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 6. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the Internal Revenue Service or the Illinois Department of Revenue.
- 7. Contact the attorney before selling real property while the bankruptcy is pending.
- 8. Pay all fees for amendments in a timely fashion.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination).
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 7 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely prepare, file and serve any necessary amended statements and schedules and any change of address in accordance with information provided by the debtor.
- 7. Monitor all incoming case information.

- 8. Prepare, file and serve all appropriate motions to avoid liens.
- 9. Provide any other legal services necessary for the administration of the case before the Bankruptcy Court.
- 10. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 11. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 12. The services to be provided by the attorney specifically exclude the representation in any adversary proceeding filed by any creditor.

| Date: // 08 · / 6 | | | | | | | |
|---|---|--|--|--|--|--|--|
| Total fee to be paid for attorney's services: | | | | | | | |
| \$ 500.00 | _ | | | | | | |

1/20/1

(Do not sign if this line is blank)

I understand that I may be subject to a random audit conducted by a private audit firm pursuant to §603 of the Bankruptcy Code and will have to produce certain documents which may include pay stubs for the six (6) calendar months prior to filing; two years of federal tax returns, including any schedules and forms; account statements for all depository and investment accounts for six calendar months preceding the date of filing of the petition, plus the month in which the petition was filed, along with sufficient documentation to reasonably explain the source of deposits or credits and the purpose of checks, withdrawals or debits and a copy of any divorce decree and/or property settlement entered within the last three years and any current child support/alimony obligation that I may have.

Signed:

Jolene C. Bair, Debtor

Jeffry A Dahlberg, Attorney for Debtor(s)

BALSLEY & DAHLBERO 5130 North Second Street Loves Park, IL 61111-5002

815-877-2593

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Attorney - Client Agreement Chapter 7

The undersigned hires Balsley & Dahlberg Law Office for representation in a Chapter 7 bankruptcy under the following terms and conditions. I/We have signed and received a copy of the "Court Approved Retention Agreement" between Chapter 7 Debtors and their attorney as established by the Bankruptcy Court for the Northern District of Illinois, and any terms that conflict with it are null and void. I/We understand more than one Attorney or office personal will work on my/our case.

I/We understand the court cost of \$335.00 is not included in attorney fees. I/We also understand the cost for the credit counseling or financial management classes are not included in the attorney fees. Attorney fees are fixed (\$500.00 single & \$550.00 joint). Fees and "advance payment retainers" for pre-filing work, become property of this firm on payment and are deposited into the firm's operating account. Payments are applied to the fees. If this contract is terminated by either party prior to the filing of the case, we will submit any dispute to binding arbitration within 30 days. If I/we close my file or breach this contract I agree to pay for the work done to that time. I/We assign to my/our attorney all amount tendered as filing fees or court cost and authorize my attorney to transfer said funds from his trust account to his operating account in payment of all outstanding fees owed by me/us if case is not filed.

I/We understand that these fees above do not apply to, and the Attorney is not hired to represent me/us in the following: Adversary proceedings, Asset proceedings, Appeals or Proceeding in any non-bankruptcy court or administrative agency. The attorney may require additional fees allowed by the "Court Approved Retention Agreement" or other circumstances, such as any Adversary proceedings or if my case is deemed an Asset Case. If additional fees are required they will be paid up front prior to any work on these matters. I/We understand that if a motion needs to be filed to extend the Discharge to obtain a Reaffirmation Agreement in my/our case I/we will have to pay the postage and any other fees associated with this motion.

Balsley & Dahlberg Law Office is not representing me/us in state or any other courts regarding creditors in my/our bankruptcy. Any state court action not stopped by the Automatic Stay of a filed bankruptcy is my/our responsibility.

I/we must disclose any such claims or property I/we now have or acquire after filing Chapter 7 to my attorney and the court in a filed amendment and obtain authority to keep them.

I/We understand that to receive a reaffirmation agreement I/we need to be current on all payments. I/We understand the Attorney will make every attempt to obtain a Reaffirmation Agreement but cannot guarantee that we will receive one. I/We understand that Reaffirmation Agreements are voluntarily entered into, if the creditor refuses to provide a Reaffirmation Agreement there in nothing in the Bankruptcy Code to force them to prepare one. I/We agree to read my/our petition before signing it so that I/we know what is included.

(Please initial on red line below)

If I/we have any of the following debts they will NOT be discharged: traffic/parking/tollway fines; criminal fines; student loans; educational debts/tuition; child support/maintenance; taxes; NSF criminal court; debts incurred by fraud or other debts found non-dischargeable by the Bankruptcy Court, and the holder of these will be free to pursue collection after the entry of the discharge order.

I/We also understand that if I/we received any sum of money other than through employment, including but not limited to life insurance proceeds, workers compensation award, personal injury or other court settlement, I /we MUST notify the attorney immediately and may have to pay some or all of the funds into the Chapter 7.

I/We cannot transfer any property or incur any credit or debt without the express permission of my/our attorney or the Court, and I/We must make full disclosure of all income, expenses, debts, and assets in my/our initial consultation and on my bankruptcy petition. If I/we fail to take my financial management class that my case may be closed without discharge, and I/we well be required to pay a fee to the Attorney and the Courts to have it reopened.

Jolene C. Bair, Debtor

Jeffry A. Dahlberg, Attorney for Debtor (s

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United States Bankruptcy Court Northern District of Illinois

| In re | Jolene C. Bair | | Case No. | | | |
|-------|--|---|---------------|---------------------------|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | | |
| | | Number of Creditors: 34 | | | | |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditors | s is true and | correct to the best of my | | |
| Date: | November 8, 2016 | /s/ Jolene C. Bair Jolene C. Bair Signature of Debtor | | | | |

Account Liquidation Services, Inc. 304 West Water Street P.O. Box 174 Decorah, IA 52101

American Family Insurance 6000 American Parkway Madison, WI 53783-0001

American Web Loan 522 North 14th St., Box 130 Ponca City, OK 74601

Ascension Capital Group 1212 Corporate Drive, Suite 400 Irving, TX 75038

CACH LLC c/o Mandarich Law Group, LLP 1 N. Dearborn Streeetm, Suite 650 Chicago, IL 60602

Capital Accounts Inc. P.O. Box 140065 Nashville, TN 37214-0065

Capital One Auto Finance P.O. Box 260848 Plano, TX 75026-0848

Cash Net USA 175 West Jackson, Suite 1000 Chicago, IL 60604

Cavalry SPV I LLC c/o Shindler & Joyce 1990 E. Algonquin Road, Suite 180 Schaumburg, IL 60173

Chase Home Finance 3415 Vision Drive Columbus, OH 43219-6009 Chase Receivables 1247 Broadway Sonoma, CA 95476

Chrysler Capital P.O. Box 961279 Fort Worth, TX 76161

Convergent Outsourcing Inc 800 SW 39th St P.O. Box 9004 Renton, WA 98057

Credit Collection Services Two Wells Avenue Newton, MA 02459

Creditors Discount & Audit Co. 415 E. Main Street P.O. Box 213 Streator, IL 61364-0213

DeKalb Eye Consultants LLC 2240 Gareway Drive Sycamore, IL 60178-3103

Farm & Fleet c/o Synchrony Bank: Bankruptcy Dept P.O. Box 965061 Orlando, FL 32896-5061

Fedloan Servicing P.O. Box 69184 Harrisburg, PA 17106-9184

Illinois Community Credit Union 508 W. State Street Sycamore, IL 60178

Laboratory Physicians LLC P.O. Box 10200 Peoria, IL 61612-0200

Merchant's Credit Guide 223 W. Jackson Blvd. Chicago, IL 60606

Midland Credit Management 2365 Northside Drive, Suite 300 San Diego, CA 92108

Midwest Children's Heart Specialist 1555 N. Barrington Road, Suite 315 Hoffman Estates, IL 60169-1065

Mutual Management Services Inc 7177 Crimson Ridge Drive, Suite 10 P.O. Box 8740 Rockford, IL 61126-6235

NES of Ohio 29125 Solon Road Solon, OH 44139-3442

Rockford Mercantile Agency Inc 2502 S. Alpine Road Rockford, IL 61108

RRCA Accounts Management Inc 201 East 3rd St Sterling, IL 61081-3611

Santander Consumer Attention: Bankruptcy Dept P.O. Box 961245 Fort Worth, TX 76161

Santander Consumer USA, Inc. Bankruptcy Department 5201 Rufe Snow Dr., Suite 400 North Richland Hills, TX 76180

Shindler & Joyce Attorneys at Law 1990 E. Algonquin Road, Suite 180 Schaumburg, IL 60173-4164

State Collection Service 2509 S. Stoughton Road Madison, WI 53716

Target Stores c/o Target Credit Services P.O. Box 673 Minneapolis, MN 55440-0673

The Receivable Managment 240 Emery Street Bethlehem, PA 18015

Transworld Systems 2235 Mercury Way Suite 275 Santa Rosa, CA 95407